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Health Care Facility-Acquired Bedsores: Should the Facility Provide Restorative Care or Palliative Care?

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by [Jonathan Rosenfeld, JD](#)

Whether the development of a bedsore, also commonly referred to as a [pressure ulcer](#), is the fault of the nursing home or an existing medical condition, the actions taken by the health care facility after the sore is discovered can have a large impact in a [lawsuit](#) if the patient suffers from complications arising from the sore. How a nursing home treats patients with pressure sores is just as important during litigation as whether the home is responsible for the development of the sores to begin with. For this reason, nursing facilities should not implement treatment protocol that gives the impression that they are killing the patient or doing nothing to prevent the patient's death.

Palliative Care at Nursing Homes

As older patients develop conditions that are liable to shorten the time that they have left before passing away, the aim may shift from curing what ails them to making them as comfortable as possible before they pass. [Palliative](#) measures should not be the sole method of treatment administered to patients with bedsores, however, because stage I and II [pressure ulcers](#) are highly treatable. It is as important to relieve the pain as it is to help the patient recover from the wounds and as an injury lawyer, I see too many cases of neglect that are the result of pressure ulcer patients being given palliative care rather than the kind of care that will prevent the progression of their wounds. It is not the sores themselves that are deadly, but the infections that result from an open wound, making it a priority to ensure that pressure ulcers are treated as soon as possible to limit the risk of infection.

Restorative Care Instrumental in Recovery from Bedsores

By repositioning a patient who has pressure sores every two hours and giving proper attention to his or her wound in order to allow it to heal, widespread infections and septic shock that result from pressure ulcers can be prevented. Pressure sores themselves are not life threatening and patients who have them can recover from them if they receive the proper care. Nursing facilities have the tendency to simply offer medication for the pain and discomfort without addressing the underlying issue and this is why pressure sores are allowed to fester, creating a medical emergency that usually ends in a lawsuit against the responsible nursing home.

Keeping the Family Involved

One of the biggest mistakes that nursing facilities make is in failing to communicate medical issues to the families of their patients. In some cases, this is intentional because the nursing home is aware of its wrong doing but in other instances it is just an ill-advised decision to leave the family out of the circle of [communication](#). Having the family involved can help in the treatment of bedsores by encouraging the family to keep the patient active, to watch for additional warning signs of new sores and to be aware of when the patient must be moved. It is obviously the responsibility of the nursing home to provide care, but there is much more incentive to do so when the family is aware of an issue and involved in the treatment plan.

When pressure ulcers are treated with palliative measures, it gives the impression that the nursing facility is not concerned about addressing the root issue and it is unhealthy for the patient. Regardless of whether the bedsores developed because of inaction on part of the nursing home staff, failure to treat the sores only exacerbates the situation and leads to possible legal troubles in the future that can cost the nursing home money and a reputation. Combining both treatment options by making the patient comfortable while treating the sores in order to let them heal is the best possible course of action for both the patient and the home in the long run.

About the Author

[Jonathan Rosenfeld JD](#), is an attorney concentrating in representing individuals and families in nursing home negligence and medical malpractice cases. Jonathan is also the editor of a number of informational patient advocacy websites.

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